

Driven by Social Justice

The CHI Access and Outreach efforts are targeted to ethnic and geographic communities with the least access to care. Isolated groups that have significant language, cultural and literacy barriers are a particular focus.

Outreach staff and community agency staff speak a variety of languages, reflecting the target populations. Hiring community health workers from existing social networks allows messages about prevention and health promotion to reach vulnerable families in areas with the highest need. This approach led to success in reaching Latino, African-American, and Asian and Pacific Island communities.

The Children's Health Initiative (CHI) was created in 2007 by King County Executive Ron Sims and supported by the King County Council and community partners. It is a public/private partnership to improve low-income families' ability to enroll in federal and state health insurance programs and to ensure that their children obtain appropriate preventive-focused primary medical, dental, and behavioral health care.

For More Information about the Children's Health Initiative:

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or see www.metrokc.gov/health/kchap/chi.htm
or www.metrokc.gov/exec/initiatives.aspx

(After October 1, 2008 use www.kingcounty.gov/health/chi)

"I worked with a family from India whose daughter called, as the parents did not speak English well. She had gotten a flyer about the program from the school nurse because she needed glasses. She got an eye exam and the glasses and called to tell me, 'Now I can see.'" — Application Worker



With the recently launched Promotora program Latina community health workers provide health education and assistance in navigating the system, working in the communities where they live. CHI Promotora Griselda Tapia (center) along with her daughter and Health Educators Penny Lara (left) and Anel Mercado (right) provide assistance at the White Center Community Development block party.

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Focusing On Outreach To Enroll And Link Children To Health Care In King County

The Access and Outreach component of the Children's Health Initiative (CHI) provides education about the value of early prevention and insurance coverage. It proactively reaches eligible low-income families and enrolls them in publicly-funded health insurance programs. After enrollment, the CHI links the children to medical and dental homes and provides care coordination in safety net clinics to assure that children receive preventive care and needed follow-up. To address existing disparities in health care access, the CHI's outreach efforts target difficult to reach populations.

Between January 2007 and June 2008, CHI's outreach staff worked with schools, churches, preschools, daycares, family support centers, and immigrant service agencies. CHI provided more than 4,000 community agency staff and 7,000 parents of low-income children with culturally appropriate health education and guidance regarding recommended preventive care, health insurance, and linkage to medical and dental homes.

"I worked with one family with three kids, ages 10, 9, and 5, who had never been to the dentist. The mother had a difficult work schedule and said that the kids had never had any complaints about their teeth. I was able to refer them to a dentist who would see the whole family at the same time. The mother made appointments for all of the children and was surprised to find out that they had cavities. They had not complained because they had grown used to them." — CHI Health Educator



Carol Allen, CHI Health Educator, teaches a child how to brush his teeth.

Enrollment and Linkage Results

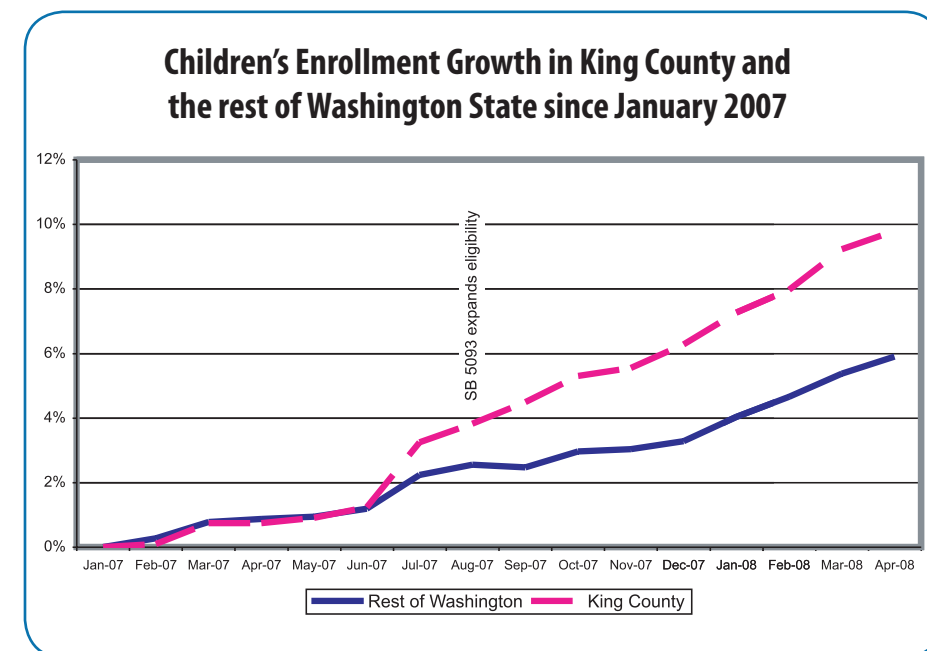
First – CHI helps families get health insurance, because we know that children who have insurance are healthier. King County now leads the state in helping children not only to get covered by insurance but actually to get through the doors to a medical and a dental home and get the services they need.

From January 2007 through June 2008, the CHI has enrolled 2,747 children in coverage.

Between January 2007 and April 2008 (the last month for which the state has data), **King County's rate of growth for enrollment has been higher than the rest of the state** – 9.8% growth for the county compared to 5.9% for the state.

Second, since we know that many Medicaid enrollees never see a doctor or dentist, CHI focuses on ensuring that the children enrolled have visits with a doctor and dentist, especially for preventive care. Over 83% of the newly enrolled children have seen a doctor as evidenced by data resulting from a groundbreaking data share agreement CHI has with the state's Department of Social and Health Services (DSHS).

"A family came in with a boy who had tooth pain for months. The mother had been using home remedies as she had given up on getting Medicaid. She'd been trying for a year to get coverage and just couldn't make it happen. I got them approved for medical coupons within a day, connected to the Neighborcare Health Southeast Dental Clinic the following day, and all the other children in the family covered for medical care as well." — *Application Worker*



Access to this data enables the CHI to evaluate its success in connecting children to care and to identify and follow-up with families whose children have not yet seen a doctor or dentist.

Care Coordination Improves Health

Third, the CHI focuses on improving children's health by contracting for Care Coordinator positions in six safety net clinics. These care coordinators use quality improvement techniques to expand the medical practices' delivery of comprehensive preventive services, remove barriers to care, and ensure children's completion of treatment.

Data from safety net clinics with CHI Care Coordinators indicate increases in children accessing preventive care, particularly in key prevention areas that have been shown to reduce long-term costs such as immunizations and early dental care. For example, Sea Mar Community Health Center reported that its rates of children who are up-to-date on immunizations increased from 49% in 2007 to 88% in 2008.

Valley Family Medicine reported a substantial increase in children with a first oral health visit by age one, from 43% in 2006 to 86% in 2008. Studies have shown that these types of preventive care are both important for children's health and result in long-term avoided health care costs.

Future Measurement and Evaluation

The local commitment of public and private funds to improve children's health has already led to more enrolled children who are obtaining the health care they need. In 2009, health improvement findings such as well-child visit and immunization rates, hospital and emergency room usage, and school days missed due to illness will assess the initiative's success locally and inform statewide efforts to improve the health of our state's next generation.



Pediatrician Kim McDermott talks with a mom and her baby during a Well Child Check visit at Healthpoint Eastside.

"The care coordinator position allows clinics to reach out to families. In the past, they usually would just wait for families to come in. This makes families realize the clinic is more than just a place to go when someone is sick. This is new to many families in whose culture people go to the doctor only when they are ill. We help the families stay well, not just get better. We help them understand what kids need to stay healthy – good nutrition and good snacks, physical activity, preventive care. We also give families the message that mom has to take care of herself so she can take care of her kids." — *Clinic Care Coordinator*